

LA0000046758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIXIETIME, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY B. DAVENPORT
(Name of Person)

GARY B. DAVENPORT P.A.
(Firm/Company)

211 4th STREET SOUTH
(Address)

FLAGLER BEACH, FL 32136
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY B. DAVENPORT at (386) 439-6892
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 4/28/2006
3. Date of filing/registration in Florida
- L06000046758
4. Document number

- DAVENPORT, GARY B.
Name
5337 SOUNDVIEW AVE
Address
ST. AUGUSTINE FL 32080
City, State and Zip

- Name
211 S. 4th STREET
Florida street address (P.O. Box NOT acceptable)
FLAGLER BEACH FL 32136
City, State and Zip

(Signature of a member or authorized representative of a member)

GARY B. DAVENPORT
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

address, thereby confirm that the limited liability company

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6025, Albany, NY 12240-6025

INHS18 (8/05)